

Enter and View report

Cambridge University Hospitals NHS Trust

Service: Addenbrooke's Hospital Clinic 7 - Dermatology

Date: Wednesday 16th March 2016

Time: 08:30 to 16:00

Authorised representatives: Penny Coulson, Judy Allen, Jane Garside, Maureen Symons, Brian Walker, Susan Dowling, Ann Redshaw and Kate Hales

Final report - 23rd June 2016



Acknowledgement

Healthwatch Cambridgeshire wants to thank the staff and patients at clinic 7 - dermatology. You made us feel welcome, and took the time to complete our questionnaire.

We also want to thank the Manager of Outpatient Services, and the Deputy Manager for helping to arrange the visit, and giving us the information we asked for.

This report only relates to:

- what we saw during two 15 Step Challenges carried out on 16th March; and,
- patients' replies to a questionnaire asked between 08:30 - 16:00 on 16th March 2016.

Our report is an account of what was seen and contributed at the time.

When we do an Enter and View visit, we give the organisations' time to reply to us about any issues raised. We include what they tell us in the final report.



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Introduction and methodology

What is Enter and View?

The Health and Social Care Act gives local Healthwatch a statutory power to Enter and View. This is our legal right to visit places that provide publicly funded health or care services, to see and hear how people experience the services.

This gives us the opportunity to:

- collect the opinions and experiences of people using these services, their carers or relatives.
- talk to staff who are providing care.
- to see the nature and quality of services.
- develop insights and recommendations and report to providers, the Care Quality Commission, commissioners and quality assurers, Healthwatch England and any other relevant partners.

Part of our work programme includes carrying out Enter and View visits to local health and social care services. We do these to see and hear how people experience care.

All visits are carried out by our trained authorised representatives.

We can make recommendations or suggest ideas where we see areas for improvement.

Enter and View visits can happen if people tell us there is a problem with a service. Equally they can occur when services have a good reputation, so we can learn about and share examples of what they do well from the perspective of people who use the service.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. If any safeguarding concerns arise during a visit, they are reported in accordance with our safeguarding policies.



What is the 15 Step Challenge?

The “15 Steps Challenge” is a way of assessing care through the eyes of people who use the service. It is intended to be a “fresh pair of eyes” on care.

Each 15 Steps assessment is done by a team of people who visit the clinic at a specific time, and make notes of their first impressions.

The team walk through the clinic environment, stopping to watch patients and staff in the public areas. The team observe what it is like to be there from a patient’s perspective.

Observation guides are used to help structure thoughts, observations and discussions. See Appendix 1 for details.

The results are reported to the clinic team to:

- to help them improve on issues that affect patients’ confidence,
- make changes where they need to, and
- praise what they do well.

Note:

The indicators noted in the Observation Guides are aligned with the Care Quality Commission’s fundamental standards

<https://www.cqc.org.uk/content/fundamental-standards> and to the evidence base on what matters to patients.

http://www.institute.nhs.uk/patient_experience/guide/the_patient_experience_research.html

Purpose of the outpatient clinic visits

We work closely with local health and care providers, welcoming any opportunity to gather people’s opinions and experiences of care, to help improve services.

We know a key challenge for Cambridge University Hospitals (CUH), is managing people’s waiting times for treatment. This was raised as a concern in their recent Care Quality Commission (CQC) inspection.



Our Enter and View visits were organised to help find out about people's experiences of waiting for their outpatients' appointments.

We wanted to know:

- about the quality of the information people are getting;
- if they think that their 'waiting experience' could be improved;
- and their first impressions of the clinic on the day.

CUH welcomed our staff and volunteers. They helped us design the questionnaire used as a framework to talk to patients. Our findings will help them test how their systems are working, and show any areas that need improving.

What we did

15 Steps Challenge

Our Authorised Representatives conducted the 15 Steps Challenge independently on arrival at the clinic. The findings were then collated (see Appendix 1).

Questionnaire

Our Authorised Representatives asked patients attending the clinic that day to complete a questionnaire about their experiences (see Appendix 2). We helped people complete the questionnaire if they needed it.

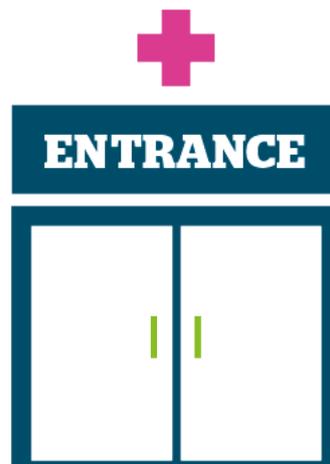
48 patients completed the questionnaire. 28 people were there for a follow up appointment, and 20 were there for a first appointment.



Summary of findings

What we found out

- Appointment waiting times show huge variations, from 3 days to 11 months. Some people told us they were frustrated by repeated rescheduling of their appointments. Waiting times may be dependent on which area of dermatology a person is referred to, and who they are seeing.

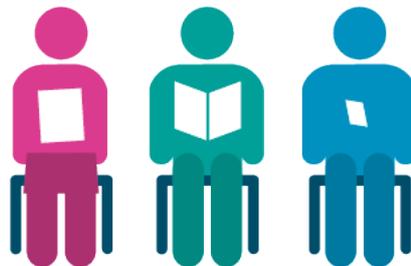


- Most people, 88%, said the information they received about their appointment was clear and easy to understand.
- Some patients want to get information about their appointment by text and / or email.
- Most patients knew how to make contact with the dermatology clinic if they wanted or needed to.
- Several patients told us about problems they had phoning the clinic.
- The automated phone reminders for clinic appointments were often hard to understand. These need to be clearer.



- Some patients told us about their ideas to make waiting for appointments a better experience. This included:
 - Information about where they are on the waiting list, and the current waiting times for a first appointment.
 - Follow up appointments to be scheduled immediately after the current visit.
 - Rescheduling of appointments to be done carefully, so people do not have to repeatedly reschedule appointments.
 - Include a map of the layout of inside the hospital with appointment information.

WAITING ROOM



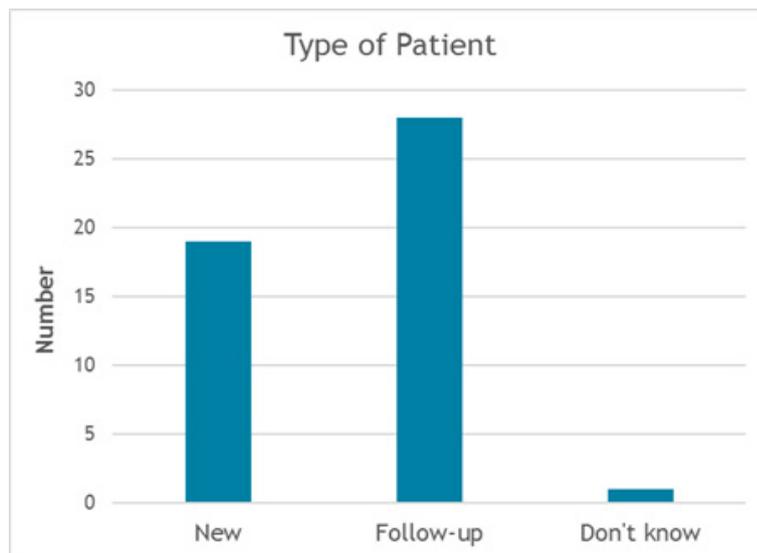
- Most patients found the clinic easily, although some told us the signage at the lift was confusing.
- Patients' first impressions of the clinic were mostly positive.
- Patients told us they appreciated the calm, well organised atmosphere in the clinic, and said staff were helpful and considerate.
- Although patients told us they thought the clinic was clean and tidy, some said it needed refurbishment.



The findings

Analysis of questionnaires

Question - Are you a new patient or a follow up patient?



19 (40%) were new patients, 28 patients (58%) were attending a follow up appointment and one patient (2%) was unsure of the type of appointment

Question - How many weeks did you have to wait for the date of this appointment? (You can approximate this from when you first went to your GP)

New patients waited between 3 days and 11 months for a first appointment.

Follow up patients waited between 1 week and 6 months.

Waiting times for appointments seemed to depend on which team within the clinic, and who the person was seeing.



Question - Was all the information you received about your appointment clear and easy to understand?

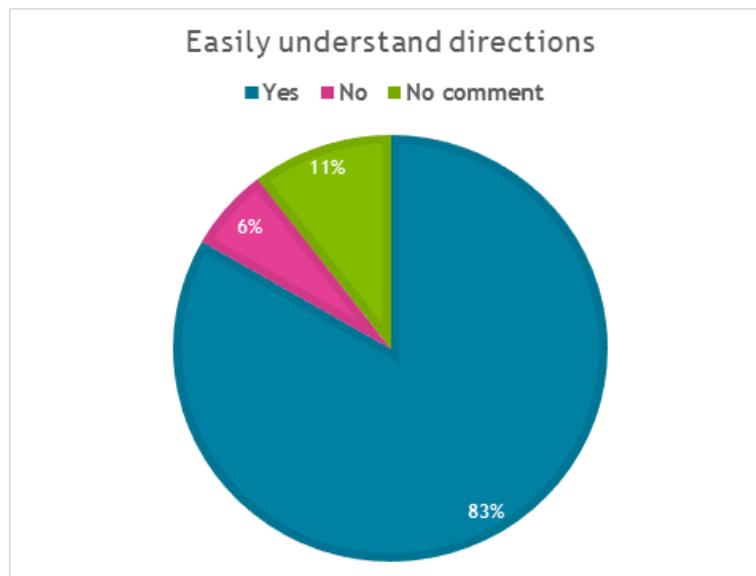


- Two patients (4%) found the information received unclear and difficult to understand.
- Two patients (4%) found that some information was clear and easy to understand and some was not.
- Two patients (4%) did not answer this question.
- 42 patients (88%) of patients were happy with the information they received.

Most patients said the information they received about their appointment was clear and easy to understand.



Question - Were you sent clear and easy to understand directions?



- 40 (83%) people said the directions they received were clear.
- Five (11%) people did not respond, possibly as they were already familiar with the hospital.
- Three (6%) people said the directions they received were unclear and not easy to understand.

Question - Did you have any problems finding the clinic?

- Most patients told us they found the clinic easily
- 6 people (12.5%) said the signage and numbers on the lift were confusing. 5 of these people said the volunteers at the entrance to the hospital helped them find the clinic more easily.
- The 15 Steps Challenge also identified poor signage as potential problem. However, we saw patients being directed to the correct waiting area by reception staff when they booked into the clinic.



Question - What was good about the information you received?

- Patients who replied to this question mostly told us the information was *“comprehensive”*, *“very clear”*, *“informative”* and *“concise”*.
- It contained details of *“all transport options”* including parking; information on changing appointments was in clear print. Everything was laid out in identifiable sections.

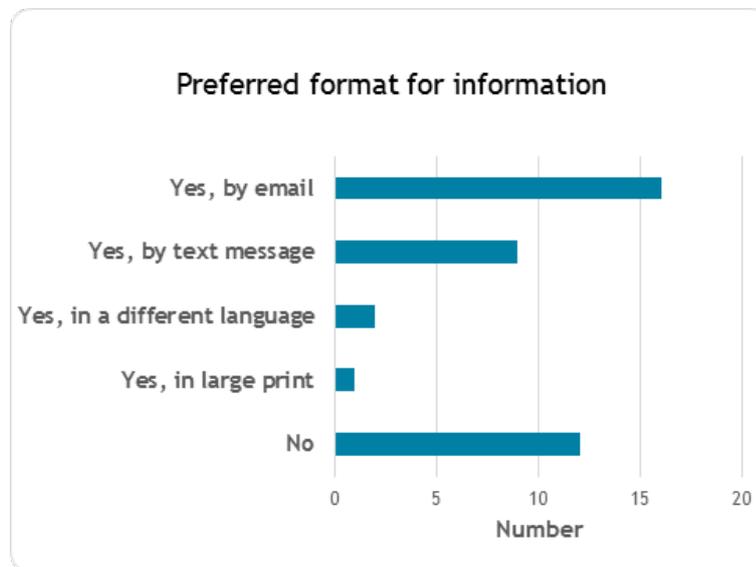
Question - What could have been improved about the information you were sent?

People made a number of suggestions to improve the information sent out in advance of their appointment. These included:

- A map of the inside of the hospital.
- Better signage about different floor levels.
- Make the password needed to change an appointment easier to find in the appointment letter. It should not be on the last page.
- Information about how long an appointment might last.
- Information on disabled parking.
- Information about parking charges.
- Information to be accessible for people with a visual impairment.



Question - Would it have been helpful to get the information in a different format?



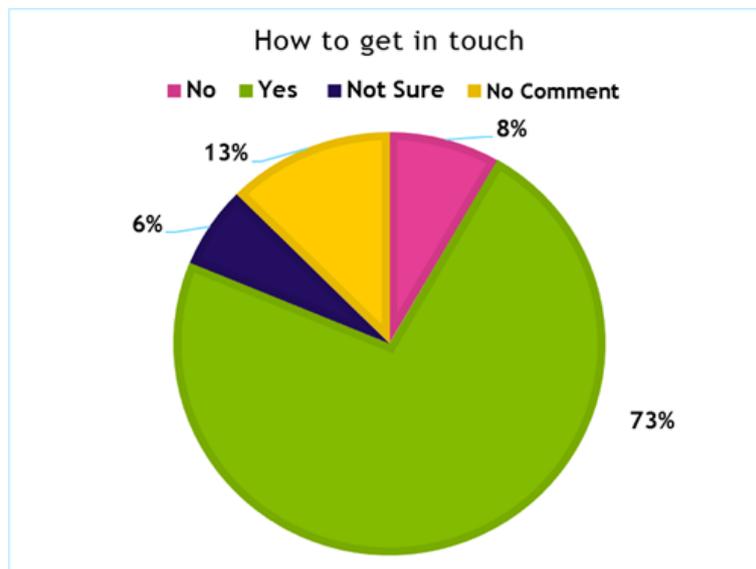
- 16 patients would prefer to receive information by email.
- Nine patients would prefer to receive information by text.
- Two patients would prefer information in a different language.
- One patient would prefer information in large print.
- 12 people were happy to get information in its current format.

One person who did not respond to the question at the time, later told us they prefer to receive information by telephone. Some people like to get a reminder by text the day before their appointment.

Others prefer email; which gave the ability to re-print information if needed. One patient would only prefer email if confidentiality is secure.



Question - While you were waiting for this appointment, did you know what to do or where to ring if you had a query / question / just wanted to talk to someone?



Most people (73%) knew how to make contact with the clinic if they wanted or needed to. However, 7 peoples (14%) did not know or were unsure how to contact the clinic.

This may be an area to be looked at, so information on how to contact the clinic is clear and accessible to all.

Question - Do you have any suggestions that would have made your experience on the waiting list better?

Some patients had suggestions for making their time on the waiting list a better experience. These included:

- Make sure records are not mislaid.
- Make contacting the clinic easier. Several people told us about problems contacting the clinic by telephone, with long waits or no response causing frustration. One suggestion was for a dedicated helpline.
- Information on where a you are on the waiting list, and an idea of how long you may need to wait for a first appointment.



- Letting you know which doctor you will be seeing.
- Follow up appointments to be scheduled immediately after surgery, rather than having to telephone to make an appointment.
- Send a confirmation letter for follow up appointments.
- Some people like the automated telephone reminder. Others said it can cause confusion and would prefer not to get them.

Question - What was your first impression of the clinic today?

Most people attending the clinic were positive about their experience. They commented on the cleanliness, the calm atmosphere, staff and organisation. Our 15 Steps Challenge team identified the same strengths in the clinic.

- Eight patients, mainly those attending follow up appointments, said that the clinic was quiet. Another person told us the clinic was *“on time as usual”*.
- One patient thought the clinic busy and another had *“overheard another patient saying that the clinic was running late”*.
- 11 patients commented on the friendly, helpful staff, for example, *“There was a queue, but dealt with promptly”* *“courtesy - the receptionist spoke to patient in a wheelchair.”* The 15 Steps challenge team also noted the calm, friendly and helpful staff.
- Two patients said the waiting area was *“dated”* and in need of redecoration as it was *“a bit old fashioned”*. One person said the area was *“not particularly welcoming”*.



Question - Is there any other information which is not recorded on the form you want to include?

Some suggestions were made by patients, these included:

- Clearer signage to car parking. Better signage from the car parking to the relevant building and clinic.
- Directions to the clinic included on the appointment card e.g. “clinic 7, first floor”.
- Signage from the main building food hall to the clinics.
- Improve Blue Badge parking.
- Rescheduling appointments to be considered carefully so people do not have their appointment repeatedly changed.



15 Step Challenge summary

Enter and View Representatives conducting the 15 Step Challenge found that their observations matched patients' opinions.

Positives

- Staff were seen being helpful and friendly.
- The noticeboard informing patients of staff in the clinic that day was up to date.
- Corridors were spacious, and there were several seating areas.
- There was a play area for young children.
- Leaflets for patients were up to date.
- The clinic was bright, clean and tidy with an ambient temperature.
- There was a comment box for patient feedback. The feedback machine for patients was well sited and easy to reach.
- A water cooler and water was available in area 'C'.
- Signage within the clinic was clear.
- The information screens were showing general information.

Negatives

- Deliveries left in the corridor could have been a trip hazard.
- Electronic screens were not up to date with relevant patient information.
- Dressings cupboard door was left open.
- Some of the posters were worn and needed replacing.
- More checks needed on children's area to keep it clean and tidy.
- Need to make sure water and cups are available in all waiting areas, or signs to nearest water station.



Ideas to take forward

Waiting times

Look at waiting times to find out why some people wait a long time in clinic. Can something be learnt from other clinics where the waits are shorter.

Waiting times for appointments

Look at why some people are having several appointments cancelled, so this can be avoided.

Impressions of the clinic

Look at if it is possible to update the furniture and furnishings.

Signage

Look at signage to the clinic to make sure it is the same. Areas of concern are the directions from the food outlet, and signage at the lift.

Contacting the clinic

Look at the appointment information sent to patients, to make sure people know how to make contact with the clinic.

Many patients told us about problems contacting the clinic by phone. Look at why this is a problem and what the hospital can do to solve it.

Patient opinion

Listen to what patients say will help improve their experience of the clinic.



What the hospital said

Page 7 Dermatology is significantly challenged in terms of capacity to treat the number of patients referred and therefore it is often necessary that we move patients based on clinical priority. This is done in line with strict clinical guidelines and we do not move patients who have already been moved once.

Page 7 The Trust is currently exploring alternative ways to contact patients about appointments which includes text messaging and e-mail, as well as a patient portal for patients to manage their own appointments online.

Page 7 A dedicated Outpatients helpline is being piloted in some clinics at present with the intention of expanding this service over the next six months. This should improve the ability to contact the clinics.

Page 12 The Trust will look at what additional information can be given to patients with their appointment eg Maps could have a link

Pages 8, 14 and 15 Follow-up appointments are scheduled as the patient leaves should there be availability. Patients are rescheduled due to clinical priority, and not to do with mistakes or not being careful.

Pages 11 and 15 Since the visit, the signage throughout Outpatients has been renewed and significantly improved.

Page 12 The Trust is currently exploring alternative ways to contact patients about appointments which includes text messaging and e-mail, as well as a patient portal for patients to manage their own appointments online.

Page 12 Information is available in different languages on request. The Trust is also currently implementing the NHS accessible standards to ensure that information is available in different formats such as large print and audio format.

Page 14 Confirmation letters are sent for all follow-up appointments unless very short notice.



Page 14 Patients are able to opt out of the telephone reminder system on request.

The outpatient department itself is quite old in configuration and decoration, and while every effort is made to make patients as comfortable as possible we completely acknowledged that the environment can sometimes be cramped and/or uncomfortable.

The trust is looking at a refurbishment programme to see how we can improve the environment but this is a longer term project both due to the complexities and cost involved.

The trust acknowledges that it has a backlog of patients currently, both in terms of new and follow-up patients, and it is working hard to try and resolve this.

Patients are always seen in line with their referral to treatment time and clinical priority, and this sometimes necessitates moving patients around to achieve this. As the backlog is reduced the need to reschedule patients will be significantly less which should lessen the inconvenience caused to patients.

**Andi Thorton,
Outpatients Operations Manager,
Cambridge University Hospital NHS Foundation Trust**



Appendix 1

SUMMARY - 15 Steps: CUH Outpatients

Clinic 7 - Dermatology (A, B, C - waiting rooms)

Date 17 March 2016 - 11:00

Welcoming:

Positives	Recommendations
<ul style="list-style-type: none">• Reading materials whilst waiting• Signage for toilets• Children's toys• Seating with hand gel• Working water cooler in 'C'• Comments box for Patients to provide feedback• Bright, airy and warm - clean smell• Lots of staff ready and accessible	<ul style="list-style-type: none">• Small signage to get the lift to clinic• White numbering system not easy to read - does not stand out for those with poor sight

Safe:

Positives	Recommendations
<ul style="list-style-type: none">• Hand gel• Wheelchair charging point• Quiet, calm pleasant waiting areas	<ul style="list-style-type: none">• No signs to use hand gel• Drugs cupboard left open• Posters to be re-visited, paper, dog eared and scruffy• Delivery - box by radiator, not moved or put away



Caring & involving:

Positives	Recommendations
<ul style="list-style-type: none">• Notice board with names of Staff on duty, who was where and attending which clinic• Staff friendly and helpful• Quiet and calm atmosphere	

Well organised & calm:

Positives	Recommendations
<ul style="list-style-type: none">• Clean and Tidy reception desk• Lots of staff around and waiting for Patients• Clinic rooms all with clear signage	

Other:

Positives	Recommendations
	<ul style="list-style-type: none">• No cups for the one working water machine (filled up later in the day)• Blinds in 'B' do not work and are quite grubby and dirty• Untidy children's area in 'C', bit cramped and grubby



SUMMARY - 15 Steps: CUH Outpatients

Clinic 7 - dermatology (A, B, C - waiting rooms)

Date 17 March 2016 - 14:30

Welcoming:

Positives / Negatives	Recommendations
<ul style="list-style-type: none">• Waiting areas welcoming, toys, magazines• Spacious seating area• Signage for toilets, other signage clear• Clean, tidy• Nice décor, pictures etc.	<ul style="list-style-type: none">• Clocks, slightly obscured behind admin desk and small, hard to read• Not much diversity re: no large print• Electronic screen not working in B

Safe:

Positives / Negatives	Recommendations
<ul style="list-style-type: none">• Spacious corridors• Three waiting rooms with considerate seating arrangements• Hand gel• Bins available for recyclable waste• Air-con working - comfortable temperature 21C• Clean and Tidy	<ul style="list-style-type: none">• Question - deliveries, box on floor by entrance, left all day - should be stored immediately• Dressings cupboard - door open, should be closed when not in use!•



Caring & involving:

Positives / Negatives	Recommendations
<ul style="list-style-type: none">• Water machine working in 'C' - no notice in A or B to advise this• Electronic screen in A useful information shown• Feedback machine for Patients easily accessed and sighted• Useful information and leaflets for Patients - neatly stored and easy to see	<ul style="list-style-type: none">• Advise where working water machine is situated and ensure that cups are available• iPad machine - tricky to use if fat fingers and the screen type is very small? Could this be improved made more accessible?

Well organised & calm:

Positives / Negatives	Recommendations
<ul style="list-style-type: none">• Very calm, quiet - not many Patients (audit taking place)• Play areas for young children - possibly missing for the next age group• Clear signage• Leaflets up to date, organised• Clean curtains, blinds open• Bright and ambient temperature	

Other:

Positives / Negatives	Recommendations
<ul style="list-style-type: none">• • Plenty of hand gel	<ul style="list-style-type: none">• No signage to ask to use or why• Question - Paper Notices/ Posters on the walls - blu-tac and scruffy



Appendix 2

HEALTHWATCH CAMBRIDGESHIRE ARE CARRYING OUT A SURVEY ABOUT WAITING FOR AN OUT-PATIENT APPOINTMENT TO HELP MAKE SURE YOU GET THE BEST POSSIBLE SERVICE.

Questionnaire

1. **How long did you have to wait for the date of this appointment?**
(You can approximate this from when you first went to your GP)
_____ weeks / don't know
2. **Was all the information you received about your appointment clear and easy to understand?** Yes / Mixed / No
3. **Are you:**
A new patient A follow-up patient Don't know
4. **What was your first impression of the clinic today?**
5. **Did you have any problems finding the clinic?**
6. **Were you sent clear and easy to understand directions?**
Yes / No / Not sure
7. **What was good about the information you received?**
8. **What could have been improved about the information you were sent?**
9. **Would it have been helpful to get the information in a different format?**
Large print Different language Text Email
10. **While you were waiting for this appointment, did you know what to do / where to ring if you had a query /question / just wanted to talk with someone?** Yes / No / Not sure
11. **Do you have any suggestions that would have made your experience on the waiting list better?**



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